

|   |                                     |                                |
|---|-------------------------------------|--------------------------------|
| PROVIDER LEGAL NAME: <b>Young World Child Care &amp; Learning Center Inc.</b>   |                                     |                                |
| SCHOOL/SITE NAME: <b>Young World Child Care &amp; Learning Center</b>   |                                     |                                |
| <b>CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)</b>  |                                     |                                |
| CHILD'S LAST NAME:  |                                     |                                |
| CHILD'S FIRST NAME:   |                                     |                                |
| CHILD'S MIDDLE NAME:  | NAME SUFFIX: (i.e. Jr, Sr, II, III) |                                |
| CHILD'S SOCIAL SECURITY#:   | D.O.B. (MM/DD/BY):                  | SEX: [ ] M [ ] F               |
| HOME ADDRESS (Do not enter PO Box Info):  |                                     | COUNTY:                        |
| CITY:   | STATE: GA                           | ZIP: HOME PHONE: ( )           |
| <b>If the Student is transferring from another Pre-K, please provide the following:</b>   |                                     |                                |
| Previous School Name: _____   |                                     | Last Date in Attendance: _____ |
| <b>PARENT/GUARDIAN INFORMATION</b>  |                                     |                                |
| MOTHER'S LAST NAME:   | FIRST:                              | MIDDLE INITIAL:                |
| HOME ADDRESS (If different from child):   |                                     |                                |
| CITY:   | STATE:                              | ZIP:                           |
| HOME PHONE: ( )   | DAY TIME PHONE: ( )                 | EMAIL:                         |
| PLACE OF EMPLOYMENT:  |                                     |                                |
| ADDRESS:  |                                     |                                |
| CITY:   | STATE:                              | ZIP:                           |
| FATHER'S LAST NAME:   | FIRST:                              | MIDDLE INITIAL:                |
| HOME ADDRESS (If different from child):   |                                     |                                |
| CITY:   | STATE:                              | ZIP:                           |
| HOME PHONE: ( )   | DAY TIME PHONE: ( )                 | EMAIL:                         |
| PLACE OF EMPLOYMENT:  |                                     |                                |
| ADDRESS:  |                                     |                                |
| CITY:   | STATE:                              | ZIP:                           |
| <b>EMERGENCY CONTACT INFORMATION (Person to contact in the event that either parent/guardian cannot be contacted)</b>   |                                     |                                |
| NAME:   | DAY TIME PHONE: ( )                 |                                |
| DAY TIME ADDRESS:   |                                     |                                |
| CITY:   | STATE:                              | ZIP:                           |
| I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form. |                                     |                                |
| SIGNATURE (Parent/Guardian): _____  |                                     | DATE: _____                    |

| CHILD MAINTENANCE   |  |                     |
|---|--|---------------------|
| CHILD'S LIVING ARRANGEMENTS:  | [ ] BOTH PARENTS [ ] MOTHER [ ] FATHER [ ] OTHER |                     |
| CHILD'S LEGAL GUARDIAN:   | [ ] BOTH PARENTS [ ] MOTHER [ ] FATHER [ ] OTHER |                     |
| <b>THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:</b>   |  |                     |
| <u>NAME</u>   | <u>ADDRESS</u>                                   | <u>RELATIONSHIP</u> |
|   |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
| <b>CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____.</b>   |  |                     |
| DATE OF LAST FULL HEALTH SCREENING: _____   |  | PHONE: (    ) _____ |
| <b>MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):</b>  |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
| <b>THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:</b>                                       |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
| <b>MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:</b> |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |

**GENERAL RELEASE**

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHOTOGRAPH/VIDEOTAPE RELEASE**

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, \_\_\_\_\_, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

**PRE-K PROVIDER NAME/ADDRESS:** \_\_\_\_\_

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_